FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J17198 (9)

BARBARA KING'S CENTRE FOR EDUCATIONAL SERVICES, INC.

Principal Place of Business 5005 LAUREL ST. 100		Mailing Address			E LANDING GIRL FIRM JARON STAND WOOL TO BE REAL BIRL BIRL DIGIT DIGIT DIGIT BIRL BIRL BOOK	
		% GENE KING				
		15623 GARDENSIDE LANE				
TAMPA FL 336	324	TAMPA FL 33624-1817				
US					3. Date Incorporated or Qualified 06/03/1986	3a. Date of Last Report 06/11/1996
2. Principa' f	Place of Business	2a. Mailing Address		-	4. FEI Number	Applied For
[21]		26		59-2675345	Not Applicable	
Suite, Apt. # loto.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			To Continuate of Dialog Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Z _p	Country	Zip	Countr	y	8. This corporation has liability for in	
24	25	[29]	30			Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent
	G, GENE			INATIRE		
	23 GARDENSIDE LANE		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)
TAM	IPA FL 33624		<u></u>	ļ		
1			83			
			84	City	4-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	85 Zip Code
						- FL -
11. Pursuant	t to the provisions of Sections 607.05	602 and 607,1508, Florida Stat	utes, the above	e-named cor	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of changing its registered
agent 1 a	am family r with, and accept the obli	gations of Section 607.0505, I	Florida Statute	is.	AA	tillo appointment as registered
SIGNATURE	Mene 1	Sina			1 ^r la	ndr 1,1991
				ent signature requ	uirad when reinstaling)	DATE
12.	4	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	☐ DELETE	1.1 TITLE			Change Addition
NAME	KING, BARBARA		1.2 NAME	ļ		
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.3 STREET ADDRESS		T ADDRESS		
CITY - \$1 - ZIP			1.4 CITY-	ST-ZIP		
THLE	D	☐ DELETE	2 1 TITLE	-		Change Addition
NAME	KING, ALAN		22 NAME			
STREET ADDRESS	18808 PLACE DE ANTIBES		23 STREI	T ADDAESS		
CHTY - S1 - ZIP	LUTZ FL		2 4 CITY	ST-ZIP		
THEF	D	☐ DELETE	31 TITLE			Change Addition
NAME	KING, GENE		3 2 NAME			:
STREET AUDRESS			3.3 STREE	t address		
Dity-\$1-78	TAMPA FL	······································	3.4. CITY	ST-ZIP		
TITLE	D	DELETE	4.1 TITLE			Change Addition
NAME	RIVAS, VICKI		4. 2 NAM	:		
STREET ADDRESS	14184 FENNSBURY DR.		4.3 STREE	T ADDRESS		
CITY-ST-ZIF	TAMPA FL		4.4 CITY -	ST-ZIP		
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	KING, BRUCE		5.2 NAME			
STREET ADDRESS	A 4 A 11 4 B 14 A 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5		5.3 STREE	T ADDRESS		
CiTY+S1+ZiP	ATLANTA GA		5.4 CITY	ST-ZIP		
TILLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STRE	T ADDRESS		
CHY-ST-7IP			6.4 City-			1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 1997 813-874-3918

FILED

Mar 11 1997 8:00am

Secretary of State